

LINN COUNTY
MHDD SERVICES MANAGEMENT PLAN

ANNUAL REPORT
FY2010

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FY 2010 - 2012 LINN COUNTY MH/DD SERVICES
STRATEGIC PLAN
GOALS & OBJECTIVES

GOAL I **To analyze the existing the MHDD Management System to identify strengths, weaknesses and opportunities for improvements.**

Objective A. Distribute the “Comprehensive Continuous Integrated Systems of Care Outcome Fidelity Implementation Tool,” or COFIT, developed by Dr. Christie Cline, to providers and gather data.

Target Dates: FY2010 (July 2009 – June 2010)

Progress: Based on feedback from Drs. Cline and Minkoff, we decided to use the COMPASS tool to start with. Most agencies have done this assessment now, and we will be preparing a summary next year.

Objective B. Analyze data and prepare a written report.

Target Dates: FY2011 (July 2010 – June 2011)

Progress: Not done yet.

Objective C. Share results and plan for needed changes.

Target Dates: FY2012 (July 2011 – June 2012)

Progress: Not due yet

GOAL II. **To review quality assurance and MH/DD utilization data to improve services.**

Objective A. Review Linn County MH/DD County Management Plan quality assurance data, which includes input from consumers, individuals who have been denied services, providers, and others in the community, to determine where improvements are needed and what impact services or the lack of services are having on consumers' lives.

Target Dates: Quarterly (December 2009, March 2010, June 2010, September 2010, December 2010, March 2011, June 2011, September 2011, December 2011, March 2012 and June 2012).

Progress: We have not done the focus groups to talk to individuals who have been denied services.

Objective B. Monitor Linn County MH/DD utilization data on a quarterly basis (including MHI and State Hospital School utilization).

Target Dates: Quarterly (December 2009, March 2010, June 2010, September 2010, December 2010, March 2011, June 2011, September 2011, December 2011, March 2012 and June 2012).

Progress: We have achieved this objective by reviewing the quarterly utilization report..

Objective C. Make adjustments as needed in response to quality assurance and utilization data.

Target Dates: Annually (December 2009, 2010 and 2011).

Progress: No adjustments have been necessary.

GOAL III. To monitor and maintain awareness of the changing environment that may impact MH/DD funding and services.

Objective A. Review the impact of existing legislative initiatives on the service delivery system.
Target Dates: Monthly (July 2009 – June 2010, July 2010 – June 2011, July 2011 – June 2012).
Progress: We have done this on a continuing basis during our monthly meetings. It primarily has to do with appropriations bills and how much money the State will allocate to counties, but recently we have also been attending to National Health Care Reform legislation as well.

Objective B. Examine other issues and initiatives relative to providing services.
Target Dates: Monthly (July 2009 – June 2010, July 2010 – June 2011, July 2011 – June 2012).
Progress: We have a couple of members of the MHDS Commission on our Advisory Committee, and we have been getting reports from them. We are monitoring the State Olmstead plan, issues related to the ID Waiver Waiting lists, and changes in the law related to Mental Health Centers.

Objective C. Implement the public information/communications plan to educate and inform consumers, family members, legislators and the public about the MHDD Service System.
Target Dates: Monthly (July 2009 – June 2010, July 2010 – June 2011, July 2011 – June 2012).
Progress: We conducted a community meeting called “Speak Up or Lose Out” in October of 2009 to raise awareness of the funding problems that could be developing when FMAP is reduced and State budget cuts take effect.

GOAL IV. To prioritize unmet needs on an annual basis.

Objective A. With input from providers, consumers, family members of consumers, and others in the community, review identified unmet needs to determine the potential budgetary impact of expanded/new services to address these needs.
Target Dates: Annually (September 2009, 2010 and 2011).
Progress: We did not engage this process this year due to concerns about the budget shortfalls.

Objective B. Develop a revised “Unmet Needs Priority Listing.”
Target Dates: Annually (October 2009, 2010 and 2011).
Progress: See above.

GOAL V. To analyze service priorities identified on the annual MHDD Unmet Needs Prioritization Listing (developed in October of each fiscal year).

- Objective A. Review data regarding unmet needs and assess whether additional services are necessary.
Target Dates: Annually (December 2009, 2010 and 2011).
[Note: To be addressed in order of Priority Ranking.]
Progress: We did not engage this process this year.
- Objective B. Determine whether the unmet need should be funded at the expense of existing services.
Target Dates: Annually (January 2010, 2011 and 2012).
[Note: To be addressed in order of Priority Ranking.]
Progress: We did not engage this process this year.
- Objective C. Investigate alternative funding sources to support new services and address unmet needs.
Target Dates: Annually (February 2010, 2011 and 2012).
Progress: We did not engage this process this year.
- GOAL VI. To develop enhanced or new services strategies as appropriate to address unmet needs.**
- Objective A. Examine existing services to determine what enhancements or other adjustments would be necessary to address unmet needs.
Target Dates: Annually (July 2009, 2010, and 2011).
Progress: We have established two committees: one to look at the development of "Host Homes" and one to look at hiring a developer to construct low cost housing.
- Objective B. Identify current and potential providers of service, develop a process for selecting service providers, and follow-through with selection process.
Target Dates: Annually (August 2009, 2010 and 2011).
Progress: The potential Host Home providers are all on the committee.
- Objective C. Implement selected service strategies and incorporate funding requests into MH/DD Budgeting process.
Target Dates: Annually (September 2009, 2010 and 2011).
Progress: These strategies are part of the committee's discussion.
- Objective D. Conduct a progress review of these expanded/new services to determine if they are adequately addressing unmet needs.
Target Dates: Annually (June 2010, 2011 and 2012).
Progress: We have not implemented the strategies at this time.

MHDD UNMET NEEDS PRIORITIZATION RANKINGS

This year, we once again suspended our unmet needs prioritization process. This year it was due to the across the board cuts ordered by the Governor. Ten percent cuts cost Linn County \$1.4 million, and it is impossible to think about adding services when we lose that much revenue. In addition, the Federal Medical Assistance Participation percentage increases under the American Reinvestment and Recovery Act will no longer be in place for next Fiscal Year (FY2012)

Description of the Unmet Needs Prioritization Process (NA for 2010)

On an annual basis, the Linn County MHDD Advisory Committee and its subsidiary-planning groups (the Mental Health Services Planning Committee or MHSP and the Developmental Disabilities Services Coalition or DDSC) utilize the following process to develop the annual “Unmet Needs Prioritization Listing.”

Step 1:

Each planning group (including the MHDD Advisory Committee) and consumer focus groups review the “Unmet Needs Prioritization Listing” developed for that fiscal year to determine if the items listed continue to be unmet needs. Items that have been addressed during the course of the fiscal year or are no longer considered to be unmet needs may be deleted from the list.

Step 2:

Data regarding unmet needs (i.e.: utilization and waiting list information) is shared with the planning groups. This data is considered by planning group members as the “unmet needs” listings are being developed.

Step 3:

The planning groups and focus groups identify additional unmet needs that currently exist.

Step 4:

Using the current listing and the additional unmet needs identified, each group uses a selected prioritization process to narrow the list down to no more than 10 unmet needs per group.

Step 5:

Staff reviews the priority listings developed by each subsidiary group to determine if there is any duplication or overlap between the lists. A merged listing is then developed that at a minimum incorporates the first five unmet needs from the MHSP, DDSC, and consumer lists. [Note: This assures that the MHDD Advisory Committee gives equal attention to the highest priorities from each planning group during the final prioritization process.]

Step 6:

Copies of the lists, along with the merged list are presented to the MHDD Advisory Committee for its review and discussion. The MHDD Advisory Committee then prioritizes the items using a selected priority process, generally a priority grid.

Step 7:

Following the prioritization exercise, MHDD Advisory Committee members are given an opportunity to review the newly developed priority listing and determine whether or not they are comfortable with the priority listing as it was developed. Adjustments can be made at the discretion of the MHDD Advisory Committee, provided that a majority of Committee members agree with the proposed change.

Step 8:

The Unmet Needs Prioritization Listing is used to guide planning activities throughout the planning year. Factors such as budgetary constraints, other critical emerging needs that planning groups believe are more “critical” than those on the existing priority listing may also impact planning activities.

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7.22.10

PROVIDER NETWORK

Organization Name	Address	City	Copy to Vendor
Abbe Case Management	520 11th Street NW	Cedar Rapids	7/12/07
Abbe CCMH	520 11th Street NW	Cedar Rapids	7/12/07
Abbe Center for CMH	520 11th Street NW	Cedar Rapids	7/12/07
Abbe Community Care Facility	1860 County Home Road	Marion	8/9/07
Abbe Transitional Living	520 11th Street NW	Cedar Rapids	7/12/07
Advancement Svc of Jones Co	202 Plastic Lane	Monticello	10/5/07
Aging Services, Inc	800 First Street NW	Cedar Rapids	8/9/07
Alternative Living	205 N Frederick	Oelwein	10/5/07
Ameri Serve International Corp	300 West Broadway, Suite 20	Council Bluffs	5/25/07
ARC of East Central Iowa	680 2nd Street SE, Suite 200	Cedar Rapids	8/17/07
Area Payee Services	3260 Southgate Place SW, Ste 15	Cedar Rapids	5/25/07
Area Residential Care	1170 Roosevelt Street Extension	Dubuque	8/9/07
ASAC, Inc.	3601 16th Avenue SW	Cedar Rapids	5/25/07
Assoc. for Behavioral Hlthcare	3100 E Avenue NW, Suite 101	Cedar Rapids	5/25/07
Backbone Area Counseling Cntr	PO Box 359	Manchester	10/5/07
Baker III PC, J.W.	1730 Hidden Hollow Lane NW	Cedar Rapids	5/25/07
Bennett, Elanna	312 16th Street	Belle Plaine	5/25/07
Benton Co Social Services	303 1st Avenue	Vinton	5/25/07
Bridgeview Community MHC	638 S Bluff Blvd	Clinton	8/9/07
Buswell, Ericka	1079 Rockford Road SW Suite G	Cedar Rapids	5/25/07
Camp Courageous of Iowa	PO Box 418	Monticello	5/25/07
CASS Inc.	1406 SW 7th St	Atlantic	8/9/07
Catherine McAuley Center	866 4th Avenue SE	Cedar Rapids	12/28/07
Cedar Centre Psychiatric Group	PO Box 1408	Cedar Rapids	10/5/07
Cedar Rapids Counseling	118 2nd Street SE, Ste 220	Cedar Rapids	5/25/07
Cedar Rapids Recreation Dept	1131 5th Street NW	Cedar Rapids	10/5/07
Cedar Valley Comm. Spprt Svcs	3121 Brockway Road	Waterloo	8/9/07
Cedar Valley Ranch	2591 61st Street Lane	Vinton	8/9/07
Center Associates	9 North 4th Avenue	Marshalltown	10/5/07
Chatham Oaks	4515 Melrose Avenue	Iowa City	8/17/07
Children & Families of Iowa	1111 University Avenue	Des Moines	10/9/07
Christian Opportunity Center	1553 Broadway	Pella	8/17/07

Collins, Robert and Cora	707 Park Avenue	Mt. Vernon	5/25/07
Comfort Keepers	222 3rd Street SE, Suite 532	Cedar Rapids	6/3/08
Comm. MHC of Mid-Estern IA	507 East College Street	Iowa City	8/9/07
Community Care, Inc.	108 E Industrial Street	DeWitt	1/25/08
Comprehensive Systems	1700 Clark Street, PO Box 457	Charles City	1/25/08
Concerned Inc	PO Box 47	Harlan	8/9/07
Cornerstone Brief Therapy	5925 Council Street NE, Ste 120	Cedar Rapids	7/12/07
Country Life Health Care, Inc	2554 Ford Avenue	Oskaloosa	8/9/07
Credit Counseling & Debt Mgmt	4403 1st Ave SE, Suite 402	Cedar Rapids	8/9/07
Crest Services - American Baptist	3015 Merle Hay Road, Suite 6	Des Moines	8/9/07
CSD - Comm. Svcs for the Deaf	4403 1st Avenue SE, Suite 300	Cedar Rapids	10/5/07
DAC Inc	1710 E Maple Street	Maquoketa	8/9/07
Diamond Life Care Facility	PO Box 820	Montezuma	10/5/07
Discovery Living	PO Box 10980	Cedar Rapids	7/12/07
Duncan Heights, Inc.	1465 Hwy 18	Garner	10/5/07
Evergreen Estates	3410 12th Avenue SW	Cedar Rapids	10/5/07
Ewing, Patrick MSPC	1522 Morgan Street	Keokuk	10/5/07
Exceptional Opportunities, Inc.	PO Box 99	Burt	7/12/07
Eyerly-Ball CMHS	1301 Center Street	Des Moines	8/9/07
Family Psychology Associates	1221 Center Point Road NE	Cedar Rapids	10/5/07
First Judicial Dept of Crctnl	314 E 6th Street	Waterloo	10/5/07
First Resources	1010 E Williams Street	Ottumwa	10/5/07
Foundation 2	1714 Johnson Avenue NW	Cedar Rapids	10/5/07
Foundation II	1714 Johnson Avenue NW	Cedar Rapids	9/14/07
Genesis Development	115 South Wilson	Jefferson	8/9/07
Golden Circle Behavioral Health	945 19th Street	Des Moines	10/5/07
Good Connections	1109 Division Street	Boone	1/25/08
Goodwill Industries of NE IA	2640 Falls Ave	Waterloo	7/23/07
Goodwill Industries of the Heartland	PO Box 1696	Iowa City	10/5/07
Handicapped Development	2700 Linnwood Court	Davenport	5/25/07
Hillcrest Family Services	2005 Asbury Rd	Dubuque	11/13/07
Hills & Dales	1011 Davis Avenue	Dubuque	8/9/07

Hillside Estates, Inc. - Closing 12/31/07	2227 225th Street	Williamsburg	8/9/07
Home Instead Senior Care	208 Collins Road NE, Suite 206	Cedar Rapids	10/5/07
Homestead, The	8272 NE University Ave	Pleasant Hill	12/28/07
Horizons, A Family Svc Alliance	819 5th Street SE	Cedar Rapids	5/25/07
Howard Residential Care Facility	21668 80th Street	Cresco	8/17/07
Keys to Awareness & Associates	PO Box 5343	Cedar Rapids	8/9/07
Larrabee Center, The	PO Box 155	Waverly	8/9/07
Life Skills, Inc	483 Highway 1 West	Iowa City	8/9/07
Link Associates	4301 NE 14th Street	Des Moines	8/9/07
Linnhaven Inc.	1199 Blairs Ferry Road	Marion	8/17/07
Living Center East-New Horizons	1220 5th Avenue SE	Cedar Rapids	5/25/07
Lutheran Services in Iowa	109 1 2nd Avenue E	Newton	10/5/07
Mainstream Living Inc	Box 1608	Ames	12/18/07
Mediapolis Care Facility	142 N. Orchard	Mediapolis	8/9/07
Mental Health Ctr of North IA	235 S Eisenhower Avenue	Mason City	1/25/08
Mercy Medical Center	701 10th St SE	Cedar Rapids	10/5/07
Mid Iowa Workshop (MIW)	PO Box 966	Marshalltown	7/12/07
Nelson, Trish	208 Collins Road NE, Suite 201	Cedar Rapids	5/16/08
NISHNA Productions	902 Day Street, PO Box 70	Shenandoah	10/5/07
NIVC Services	PO Box 428	Mason City	8/9/07
North Iowa Transition Center	PO Box 1503	Mason City	10/9/07
North Star Community Services	3420 University Avenue	Waterloo	8/9/07
Northeast IA MHC	PO Box 349	Decorah	10/5/07
Northwoods Living	1470 21st Avenue North	Fort Dodge	8/9/07
Opportunity Village	PO Box 622	Clear Lake	10/5/07
Park Place	114 E Green Street	Glenwood	5/25/07
Partnership for Progress, Inc.	60191 Willow Street	Atlantic	7/12/07
Pathways Behavioral Services	111 10th Street SW	Waverly	8/17/07
Payee Services & Solutions	PO Box 128	Iowa City	8/9/07
Penn Center, Inc.	2237 245th Street	Delhi	7/12/07
Plains Area MHC	PO Box 70	Le Mars	8/9/07
PNO	1956 1st Avenue NE, Suite 7	Cedar Rapids	5/25/07

Poweshiek Co. MH Center	200 Fourth Avenue West	Grinnell	7/12/07
Prairie View Management, Inc.	18569 Lane Road	Fayette	7/12/07
Progress Industries	PO Box 1449	Newton	8/9/07
REM Developmental Services	2205 Heritage Blvd	Hiawatha	7/12/07
REM Iowa Community Svc	2205 Heritage Boulevard	Hiawatha	8/9/07
RESCARE	301 West Burlington	Fairfield	10/5/07
Richmond Center, The	125 South 3rd St, Suite 200	Ames	10/9/07
Rural Employment Alternates, Inc.	495 4th Avenue	Conroy	8/9/07
Seasons Center	201 E 11th Street	Spencer	10/5/07
Silver Pines	136 36th Avenue SW	Cedar Rapids	1/25/08
Sixth Judicial DOC	1051 29th Avenue SW	Cedar Rapids	done
Southern IA Resources	109 Elm Street	Creston	8/9/07
Southern Iowa MHC	110 East Main Street	Ottumwa	10/9/07
Specialized Support Services	50 Northcrest Drive	Council Bluffs	5/25/07
Spectra Health Care	2726 120th Avenue	Storm Lake	12/28/07
St. Lukes Methodist Hospital	1026 A Avenue NE	Cedar Rapids	7/12/07
Story Co. Life & CM Program	104 S Hazel Avenue	Ames	7/12/07
Successful Living	409 Hwy 1 West	Iowa City	7/12/07
Systems Unlimited	2533 S. Scott Blvd SE	Iowa City	7/12/07
Tanager Place	2309 C Street SW	Cedar Rapids	10/9/07
Tenco Industries, Inc	710 Gateway Drive	Ottumwa	8/9/07
Therapy Solutions	3315 1st Avenue SE	Cedar Rapids	5/25/07
Unlimited Service, Inc	PO Box 69	Guttenberg	7/12/07
Visiting Nurse Association - Dubuque	1454 Iowa Street	Dubuque	6/6/08
WCDC	PO Box 61	Washington	8/9/07
West Music Company	1212 5th Street	Coralville	12/28/09
Woodward Resource Center	1251 334th Street	Woodward	10/5/07

ACCESS POINTS

All providers (as listed above), the Iowa Department of Human Services, Grant Wood AEA, School Districts. Vocational Rehabilitation, the Social Security Administration, and all other counties in Iowa are access points to the Linn County MHDD System and may assist consumers in completing the proper paperwork necessary to enroll in our program.

NUMBER, TYPE AND RESOLUTION OF APPEALS

Number of Appeals: 3

Type: All three appeals were essentially requests for Exceptions to Policy. One requested 100% county funding for a Medicaid eligible individual because the facility had decided to stop providing Medicaid services. One requested payment for guardianship services for a person who lived in a nursing facility and who was not CMI nor MRDD. One requested rent subsidy when she was not receiving any supportive services (which is a requirement in order to receive rent subsidy).

Resolution: In the first case, the Exception was granted temporarily to allow the facility to reconsider its decision to be a Medicaid provider.

In the second case, the denial was upheld at the second and third level review (Appeals Committee), and the appellant dropped the matter.

In the third case, an Exception was granted temporarily, as the client agreed to avail herself of supported community living services, and it took a couple of months to get that started.

SERVICES AND SUPPORTS THAT LINN COUNTY WILL FUND

SERVICE	MI	CMI	MR	DD	BI
4x03 <u>Information and Referral</u>				X	
4x04 <u>Consultation.</u>	X	X	X	X	
4x05 <u>Public Education Services</u>					
4x06 <u>Academic Services.</u>	X	X	X	X	
4x11 <u>Direct Administrative.</u>	X	X	X	X	
4x12 <u>Purchased Administrative</u>					
4x21- <u>374 Case Management- Medicaid Match.</u>		X	X	X	X
4x21- <u>375 Case Management -100% County Funded</u>	X	X	X	X	
4x21- <u>399 Other.</u>		X	X	X	
4x22 <u>Services Management.</u>	X	X	X	X	
4x31 <u>Transportation (Non-Sheriff).</u>	X	X	X	X	
4x32- <u>320 Homemaker/Home Health Aides.</u>	X	X	X	X	
4x32- <u>321 Chore Services</u>	X	X	X	X	
4x32- <u>322 Home Management Services</u>	X	X	X	X	
4x32- <u>325 Respite.</u>	X	X	X	X	
4x32- <u>326 Guardian/Conservator.</u>	X	X	X	X	
4x32- <u>327 Representative Payee</u>	X	X	X	X	
4x32- <u>328 Home/Vehicle Modification</u>			X		
4x32- <u>329 Supported Community Living</u>	X	X	X	X	
4x32- <u>399 Other.</u>					
4x33- <u>345 Ongoing Rent Subsidy.</u>	X	X	X	X	
4x33- <u>399 Other</u>					
4x41- <u>305 Outpatient</u>	X	X	X	X	
4x41- <u>306 Prescription Medication.</u>	X	X	X	X	
4x41- <u>307 In-Home Nursing</u>			X		
4x41- <u>399 Other</u>					
4x42- <u>305 Outpatient</u>	X	X	X	X	
4x42- <u>309 Partial Hospitalization.</u>	X	X	X	X	
4x42- <u>399 Other.</u>					
4x43- <u>Evaluation.</u>	X	X	X	X	
4x44- <u>363 Day Treatment Services</u>	X	X	X	X	
4x44- <u>396 Community Support Programs</u>	X	X	X	X	
4x44- <u>397 Psychiatric Rehabilitation</u>		X			
4x44- <u>399 Other</u>					
4x50- <u>360 Sheltered Workshop Services.</u>	X	X	X	X	
4x50- <u>362 Work Activity Services</u>		X	X	X	
4x50- <u>364 Job Placement Services.</u>	X	X	X	X	
4x50- <u>367 Adult Day Care.</u>	X	X	X	X	
4x50- <u>368 Supported Employment Services</u>	X	X	X	X	
4x50- <u>369 Enclave</u>	X	X	X	X	
4x50- <u>399 Other.</u>					
4x63- <u>310 Community Supervised Apartment Living Arrangement</u>		X	X	X	

(CSALA) 1-5 Beds					
4x63- 314 <u>Residential Care Facility</u> (RCF License) 1-5 Beds		X	X	X	
4x63- 315 <u>Residential Care Facility For The Mentally Retarded</u> (RCF/MR License) 1-5 Beds		X	X	X	
4x63- 316 <u>Residential Care Facility For The Mentally Ill</u> (RCF/PMI License) 1-5 Beds		X	X	X	
4x63- 317 <u>Nursing Facility</u> (ICF, SNF or ICF/PMI License) 1-5 Beds		X	X	X	
4x63- 318 <u>Intermediate Care Facility For The Mentally Retarded</u> (ICF/MR License) 1-5 Beds			X	X	
4x63- 329 <u>Supported Community Living</u>		X	X	X	
4x63- 399 <u>Other</u> 1-5 Beds.		X	X	X	
4x64- 310 <u>Community Supervised Apartment Living Arrangement</u> (CSALA) 6-15 Beds		X	X	X	
4x64- 314 <u>Residential Care Facility</u> (RCF License) 6-15 Beds		X	X	X	
4x64- 315 <u>Residential Care Facility For The Mentally Retarded</u> (RCF/MR License) 6-15 Beds			X	X	
4x64- 316 <u>Residential Care Facility For The Mentally Ill</u> (RCF/PMI License) 6-15 Beds		X			
4x64- 317 <u>Nursing Facility</u> (ICF, SNF or ICF/PMI License) 6-15 Beds		X	X	X	
4x64- 318 <u>Intermediate Care Facility For The Mentally Retarded</u> (ICF/MR License) 6-15 Beds			X	X	
4x64- 399 <u>Other</u> 6-15 Beds..					
4x65- 310 <u>Community Supervised Apartment Living Arrangement</u> (CSALA) 16 and over Beds					
4x65- 314 <u>Residential Care Facility</u> (RCF License) 16 and over Beds		X	X	X	
4x65- 315 <u>Residential Care Facility For The Mentally Retarded</u> (RCF/MR License) 16 and over Beds			X	X	
4x65- 316 <u>Residential Care Facility For The Mentally Ill</u> (RCF/PMI License) 16 and over Beds		X	X	X	
4x65- 317 <u>Nursing Facility</u> (ICF, SNF or ICF/PMI License) 16 and over Beds		X	X	X	
4x65- 318 <u>Intermediate Care Facility For The Mentally Retarded</u> (ICF/MR License)			X	X	
4x65- 399 <u>Other</u> 16 and over Beds..					
4x71- 319 <u>Inpatient/State Mental Health Institutes</u>	X	X	X	X	
4x71- 399 <u>Other</u>	X	X	X	X	
4x72- 319 <u>Inpatient/State Hospital Schools</u>			X	X	
4x72- 399 <u>Other</u> .					
4x73- 319 <u>Inpatient/Community Hospital</u>	X	X	X	X	
4x73- 399 <u>Other</u>	X	X	X	X	
4x74- 300 <u>Diagnostic Evaluations Related To Commitment.</u>	X	X	X	X	
4x74- 353 <u>Sheriff Transportation</u>	X	X	X	X	
4x74- 393 <u>Legal Representation for Commitment</u>	X	X	X	X	
4x74- 395 <u>Mental Health Advocates</u>	X	X	X	X	
4x74- 399 <u>Other</u>					

ACTUAL EXPENDITURES

See County Report 1.

ACTUAL SCOPE OF SERVICES

See County Reports 1 and 3.

County Report 1: Total Expenditures by COA code and Disability Type

Account Code	Description	Mental Illness	Chronic Mental Illness	Mental Retardation	Developmental Disability	Other	Service Total
03000	Information & Referral	220,767					220,767
04000	Consultation	60,770					60,770
05000	Public Education Services	1,120					1,120
06000	Academic services						
11000	Direct administrative	173,240	298,112	451,837	38,468		961,657
12000	Purchased Administrative (contracts, MCO, ASO)	26,943	837,361				864,304
20000	Coordination Services						
21374	Case Management - T19 Match	1,554	4,368	253,872	20,408		280,202
21375	Case Management - 100% County	5,974	(17,358)	515	529		(10,340)
21399	Other Case Management		(5,833)	1,848,164	228,788		2,071,119
22000	Service Management	39,960	98,975		(660)		138,275
31000	Transportation (non-Sheriff)	531	6,010	280,086	3,774		290,401
32320	Homemaker/Home Health Aid	12,248	13,456	9,151			34,855
32321	Chore						
32322	Home Management Services (include PERS)	241	2,602	1,852	175		4,870
32325	Respite		2,564	116,296	7,134		125,994
32326	Guardian/Conservator	5,534	1,477	2,517	1,058		10,586
32327	Representative Payee	73,542	261,998	89,296	40,163		464,999
32328	Home/Vehicle Modification			5,171	1,385		6,556
32329	Supported Community Living	67,134	963,284	1,282,835	440,179		2,753,432
32399	Other	1,439	1,463	122,791	(1,253)		124,440
33345	Ongoing Rent Subsidy	48,699	132,403	13,349	3,000		197,451
33399	Other Basic Needs Service	29,397	68,795	11,085	14,953		124,230
41305	Physiologocal Tmt. Outpatient		180				180
41306	Physiologocal Tmt. Prescription Medicine	309,668	154,195	227			464,090
41307	Physiologocal Tmt. In-Home Nursing			3,031			3,031
41399	Physiologocal Tmt. Other	3,199	3,194	2,542			8,935
42305	Psychotherapeutic Tmt. Outpatient	840,765	476,733	5,259	3,353		1,326,110
42309	Psychotherapeutic Tmt. Partial Hospitalization	17,710	1,432				19,142
42399	Psychotherapeutic Tmt. Other	6,493	1,969	2,046			10,508
43000	Evaluation	232,179	1,914	1,992			236,085
44363	Day Treatment Services	20,712	28,897				49,609
44396	Community Support Programs	87,590	83,313				170,903
44397	Psychiatric Rehabilitation	36,268	41,357				77,625
44399	Other		100,902				100,902
50360	Sheltered Workshop Services	8,776	62,169	845,024	103,467		1,019,436
50362	Work Activity Services		39,111	2,940,705	56,322		3,036,138
50364	Job Placement Services						
50367	Adult Day Care	30,066	26,782	98,327	6,840		162,015
50368	Supported Employment Services	2,058	42,401	153,441	3,662		201,562
50369	Enclave	5,068	88,459	621,571	43,390		758,488
50399	Other Vocational Services	9,985	42,283	487,125	8,262		547,655
63310	Comm Supervised Apt Living (Comm. 1-5 Bed)						

Account Code	Description	Mental Illness	Chronic Mental Illness	Mental Retardation	Developmental Disability	Other	Service Total
63314	RCF (Comm. 1-5 Bed)	66,446	121,564	25,010	14,514		227,534
63315	RCF/MR (Comm. 1-5 Bed)	1,751		2,077	15,815		19,643
63316	RCF/PMI (Comm. 1-5 Bed)		5,154	22,615	1,500		29,269
63317	Nursing Facility (Comm. 1-5 Bed)						
63318	ICF/MR (Comm. 1-5 Bed)						
63329	Supported Community Living (Comm. 1-5 Bed)	166,163	399,480	3,780,883	90,098		4,436,624
63399	Other (Comm. 1-5 Bed)	280,219	225,079	5,432	28,908		539,638
64310	Comm Supervised Apt Living (Comm. 6-15 Bed)						
64314	RCF (Comm. 6-15 Bed)	743,547	1,649,312	335,372	86,802		2,815,033
64315	RCF/MR (Comm. 6-15 Bed)						
64316	RCF/PMI (Comm. 6-15 Bed)	681,194	942,191	66,298			1,689,683
64317	Nursing Facility (Comm. 6-15 Bed)	699	2,992				3,691
64318	ICF/MR (Comm. 6-15 Bed)	19,310		1,532,586	42,592		1,594,488
64399	Other (Comm. 6-15 Bed)	346,546	86,666				433,212
65310	Comm Supervised Apt Living (Comm. 16+ Beds)						
65314	RCF (Comm. 16+ Beds)		192,751				192,751
65315	RCF/MR (Comm. 16+ Beds)						
65316	RCF/PMI (Comm. 16+ Beds)						
65317	Nursing Facility (Comm. 16+ Beds)						
65318	ICF/MR (Comm. 16+ Beds)						
65399	Other (Comm. 16+ Beds)						
71319	Inpatient (State MHI)		235,141	159,854			394,995
71399	Other (State MHI)						
72319	Inpatient (State Hosp. School)	196,854		800,583			997,437
72399	Other (State Hosp. School)						
73319	Inpatient (Other Priv./Public Hospitals)	400,351	69,381	8,449			478,181
73399	Other (Other Priv./Public Hospitals)	67,617	9,348	16,204	13,712		106,881
74300	D & E Related to Commitment	16,266	11,327	1,438			29,031
74353	Sheriff Transportation	13,746	7,810	2,140	97		23,793
74393	Legal Representation (cmtmt court costs/legal fees)	29,873	13,023	2,657	240		45,793
74395	Mental Health Advocates	140	90,978	570	23		91,711
	Total County \$	5,410,352	7,927,165	16,412,275	1,317,698		31,067,490

County Report 1: Total Expenditures by COA code and Disability Type

- Dollar amount of total expenditures by the county from the Mental Health Fund on an accrual, not cash, basis
- Layout with the COA (Chart of Accounts) code down the left side with the disability types across the top
- Totals should be included in both the far right column and the last row

County Report 2
Persons Served - Age Group by Diagnostic Category
Fiscal Year 2010
for Linn County

DISABILITY GROUP	Children	Adults	Unduplicated Total
Chronic Mental Illness	0	843	843
Mental Illness	12	1,684	1,696
Mental Retardation	218	794	1,012
Other Categories	28	50	78
Other Dev. Disabilities	4	104	108
Total	262	3,475	3,737

County Report 2: Persons Served - Age Group by Diagnostic Category

- An unduplicated county of adults and children served by the county
- A person is considered as served if there were any expenditure on behalf of the person from the Mental Health Fund
- Persons who have not reached their 18th birthday are counted as children
- To avoid duplication, the count is the person's age or disability status at a point in time - The preferred point in time is on the last day of the fiscal year
- Layout with the Disability Group down the left side with Children, Adults and Unduplicated Total across the top

County Report 3
Fiscal Year 2010 Unduplicated Count of Persons Served by COA Code and Disability Type
For Linn County

Account Code	X Adults _____ Children Description	Mental Illness	Chronic Mental Illness	Mental Retardation	Developmental Disability	Other	Service Total
03000	Information & Referral						
04000	Consultation	1	0	0	0	0	1
05000	Public Education Services						
06000	Academic services						
11000	Direct administrative						
12000	Purchased Administrative (contracts, MCO, ASO)						
20000	Coordination Services						
21374	Case Management - T19 Match	5	84	542	33	5	669
21375	Case Management - 100% County	4	47	2	1	0	54
21399	Other Case Management	9	320	546	34	31	940
22000	Service Management	36	74	0	0	1	111
31000	Transportation (non-Sheriff)	4	21	209	6	2	242
32320	Homemaker/Home Health Aid	2	6	6	0	0	14
32321	Chore						
32322	Home Management Services (include PERS)	1	10	17	1	0	29
32325	Respite	0	6	145	2	0	153
32326	Guardian/Conservator	4	1	3	0	2	10
32327	Representative Payee	109	362	109	35	11	626
32328	Home/Vehicle Modification	0	0	1	0	0	1
32329	Supported Community Living	79	256	211	51	6	603
32399	Other	5	1	45	4	0	55
33345	Ongoing Rent Subsidy	34	111	14	5	2	166
33399	Other Basic Needs Service	77	109	13	4	4	207
41305	Physiologocal Tmt. Outpatient	0	1	0	0	0	1
41306	Physiologocal Tmt. Prescription Medicine	300	108	3	0	4	415
41307	Physiologocal Tmt. In-Home Nursing	0	0	3	0	0	3
41399	Physiologocal Tmt. Other	7	14	1	0	0	22
42305	Psychotherapeutic Tmt. Outpatient	1,258	219	7	8	8	1,500
42309	Psychotherapeutic Tmt. Partial Hospitalization	4	3	0	0	0	7
42399	Psychotherapeutic Tmt. Other	22	10	2	0	0	34
43000	Evaluation	19	4	4	0	0	27
44363	Day Treatment Services	12	5	0	0	0	17
44396	Community Support Programs	78	52	0	0	0	130
44397	Psychiatric Rehabilitation	9	7	0	0	0	16
44399	Other	1	0	0	0	0	1
50360	Sheltered Workshop Services	5	29	194	20	8	256
50362	Work Activity Services	2	44	314	13	0	373
50364	Job Placement Services	2	2	5	0	1	10
50367	Adult Day Care	11	11	55	1	0	78
50368	Supported Employment Services	6	34	63	6	0	109

50369	Enclave	3	25	107	11	1	147
50399	Other Vocational Services	6	54	144	7	0	211
63310	Comm Supervised Apt Living (Comm. 1-5 Bed)						

63314	RCF (Comm. 1-5 Bed)	11	15	5	1	0	32
63315	RCF/MR (Comm. 1-5 Bed)	0	0	1	0	1	2
63316	RCF/PMI (Comm. 1-5 Bed)	0	2	4	0	0	6
63317	Nursing Facility (Comm. 1-5 Bed)						
63318	ICF/MR (Comm. 1-5 Bed)						
63329	Supported Community Living (Comm. 1-5 Bed)	4	25	291	1	0	321
63399	Other (Comm. 1-5 Bed)	20	32	2	1	0	55
64310	Comm Supervised Apt Living (Comm. 6-15 Bed)						
64314	RCF (Comm. 6-15 Bed)	52	122	31	3	5	213
64315	RCF/MR (Comm. 6-15 Bed)						
64316	RCF/PMI (Comm. 6-15 Bed)	33	61	3	0	3	100
64317	Nursing Facility (Comm. 6-15 Bed)	1	1	0	0	0	2
64318	ICF/MR (Comm. 6-15 Bed)	1	0	64	2	0	67
64399	Other (Comm. 6-15 Bed)	46	20	0	0	1	67
65310	Comm Supervised Apt Living (Comm. 16+ Beds)						
65314	RCF (Comm. 16+ Beds)						
65315	RCF/MR (Comm. 16+ Beds)						
65316	RCF/PMI (Comm. 16+ Beds)						
65317	Nursing Facility (Comm. 16+ Beds)						
65318	ICF/MR (Comm. 16+ Beds)						
65399	Other (Comm. 16+ Beds)						
71319	Inpatient (State MHI)	18	10	6	0	0	34
71399	Other (State MHI)						
72319	Inpatient (State Hosp. School)	0	0	24	0	0	24
72399	Other (State Hosp. School)						
73319	Inpatient (Other Priv./Public Hospitals)	187	48	2	0	1	238
73399	Other (Other Priv./Public Hospitals)	22	11	2	0	1	36
74300	D & E Related to Commitment	83	55	9	0	2	149
74353	Sheriff Transportation	45	26	7	0	0	78
74393	Legal Representation (cmtmt court costs/legal fees)	175	82	18	1	3	279
74395	Mental Health Advocates	1	1	1	0	0	3
	Total County	2,814	2,541	3,235	251	103	8,944

Account Code	_____ Adults X Children Description	Mental Illness	Chronic Mental Illness	Mental Retardation	Developmental Disability	Other	Service Total
03000	Information & Referral						
04000	Consultation						
05000	Public Education Services						
06000	Academic services						
11000	Direct administrative						
12000	Purchased Administrative (contracts, MCO, ASO)						
20000	Coordination Services						
21374	Case Management - T19 Match						
21375	Case Management - 100% County						
21399	Other Case Management	0	0	218	3	25	246
22000	Service Management						
31000	Transportation (non-Sheriff)						
32320	Homemaker/Home Health Aid						
32321	Chore						
32322	Home Management Services (include PERS)						
32325	Respite						
32326	Guardian/Conservator						
32327	Representative Payee	10	0	2	1	3	16
32328	Home/Vehicle Modification	0	0	1	0	0	1
32329	Supported Community Living	0	0	1	0	0	1
32399	Other						
33345	Ongoing Rent Subsidy						
33399	Other Basic Needs Service	0	0	2	0	0	2
41305	Physiologocal Tmt. Outpatient						
41306	Physiologocal Tmt. Prescription Medicine	1	0	0	0	0	1
41307	Physiologocal Tmt. In-Home Nursing						
41399	Physiologocal Tmt. Other	0	0	1	0	0	1
42305	Psychotherapeutic Tmt. Outpatient	1	0	0	0	0	1
42309	Psychotherapeutic Tmt. Partial Hospitalization						
42399	Psychotherapeutic Tmt. Other	0	0	1	0	0	1
43000	Evaluation						
44363	Day Treatment Services						
44396	Community Support Programs						
44397	Psychiatric Rehabilitation						
44399	Other						
50360	Sheltered Workshop Services						
50362	Work Activity Services						
50364	Job Placement Services						
50367	Adult Day Care						
50368	Supported Employment Services						
50369	Enclave						

50399	Other Vocational Services						
63310	Comm Supervised Apt Living (Comm. 1-5 Bed)						
63314	RCF (Comm. 1-5 Bed)						
63315	RCF/MR (Comm. 1-5 Bed)						
63316	RCF/PMI (Comm. 1-5 Bed)						
63317	Nursing Facility (Comm. 1-5 Bed)						
63318	ICF/MR (Comm. 1-5 Bed)						
63329	Supported Community Living (Comm. 1-5 Bed)						
63399	Other (Comm. 1-5 Bed)						
64310	Comm Supervised Apt Living (Comm. 6-15 Bed)						
64314	RCF (Comm. 6-15 Bed)						
64315	RCF/MR (Comm. 6-15 Bed)						
64316	RCF/PMI (Comm. 6-15 Bed)						
64317	Nursing Facility (Comm. 6-15 Bed)						
64318	ICF/MR (Comm. 6-15 Bed)						
64399	Other (Comm. 6-15 Bed)						
65310	Comm Supervised Apt Living (Comm. 16+ Beds)						
65314	RCF (Comm. 16+ Beds)						
65315	RCF/MR (Comm. 16+ Beds)						
65316	RCF/PMI (Comm. 16+ Beds)						
65317	Nursing Facility (Comm. 16+ Beds)						
65318	ICF/MR (Comm. 16+ Beds)						
65399	Other (Comm. 16+ Beds)						
71319	Inpatient (State MHI)						
71399	Other (State MHI)						
72319	Inpatient (State Hosp. School)						
72399	Other (State Hosp. School)						
73319	Inpatient (Other Priv./Public Hospitals)						
73399	Other (Other Priv./Public Hospitals)						
74300	D & E Related to Commitment						
74353	Sheriff Transportation						
74393	Legal Representation (cmtmt court costs/legal fees)						
74395	Mental Health Advocates						
	Total County	12	0	226	4	28	270

County Report 4
Mental Health System Growth/Loss Report
Fiscal Year 2010
for Linn County

DISABILITY GROUP	First Quarter	Second Quarter	Third Quarter	Fourth Quarter	Net
Chronic Mental Illness	720	703	692	641	(79)
Mental Illness	1,146	1,188	1,285	1,338	192
Mental Retardation	954	957	957	966	12
Other Categories	70	67	66	68	(2)
Other Developmental Disabilities	99	98	96	96	(3)
Total	2,989	3,013	3,096	3,109	120

County Report 4: Mental Health System Growth/Loss Report

- This report is designed to be able to project service needs in future fiscal years
- An unduplicated count of persons served by the county during each quarter
- A person is considered as served if there were any expenditures on behalf of the person from the Mental Health Fund
- To avoid duplication, the count is the person's age or disability status at a point in time - The preferred point in time is on the last day of the fiscal year
- Layout with the Disability Group down the left side with each of the four quarters across the top
- The Net column is the difference between the first quarter and the fourth quarter

LINN COUNTY PERFORMANCE INDICATORS

MHDD SERVICES

FY2010

Department: LCCS**Program:** MH-DD Administration

Program Description: Provides the County Central Point of Coordination (CPC) function for Mental Health Developmental Disability (MHDD) services including contract development, service authorization, quality assurance review, collaboration with community providers, clients and client advocates and development of a County MHDD plan; provides administrative support for the County's direct service programs of Supervised Apartment Living, In-Home Services, Client Financial Services, and Services Coordination/Client Counseling.

Organizational Strategic Goal: Enhance Quality of Life

Performance Objectives:

1. To minimize administrative expense.
2. To insure that the County's direct services programs are in compliance with a minimum of 95% standards as rated by the state quality assurance surveyors.
3. To respond to requests for funding within five working days.
4. To target a 95% satisfaction rating on annual satisfaction survey.

Performance Indicators	Actual 2009	Actual 2010	Projected 2011	Requested 2012
Input:				
1. Number of Full Time Equivalent Staff	13.37	13.37	13.37	13.37
2. Total MHDD administration budget	\$964,391	\$1,126,205	\$1,114,810	\$1,161,010
3. Number of agencies participating in MHDD planning	34	38	35	35
Output:				
1. Number of funding requests processed	5,991	6,403	6,500	6,500
2. Unduplicated number of clients funded:				
a. Mentally Ill (MI)	1,699	1,939	1,900	1,900
b. Chronically Mentally Ill (CMI)	878	858	880	880
c. Mentally Retarded (MR)	991	1,013	1,000	1,000
d. Developmentally Disabled (DD)	121	115	120	120
e. Other	66	69	70	70
3. Number of enrollments processed	4,792	4,879	4,900	4,900
4. Number of community planning meetings	113	143	120	120
5. Number of Direct Service programs administered	4	4	4	4
6. Number of Utilization Reviews	270	493	400	400
7. Number of legal settlements investigated	1,188	1,666	1,700	1,700
Outcome:				
1. Percent of state standards met by direct service programs	85%*	97%	95%	95%
2. Average response time to requests for funding	1.23 days	1.4 days	5 days	5 days
3. Client satisfaction rating for CPC function	94.8%	95.5%	95%	95%
4. Provider satisfaction rating for CPC function	94%	96%	95%	95%
Efficiency:				
1. Administration cost as percentage of MHDD budget	3.1%	3.2%	3.4%	3.2%

*As a result of the agency's rating, a corrective plan was submitted and approved by the state

@ Statistics related to July 1 to December 31 were lost in the 2008 flood. Actual data for the period January 1 to June 30 was annualized to maintain comparability between fiscal years.

Program Description: Provides Targeted Case Management and service coordination, for people who are diagnosed with mental illness (MI), chronic mental illness (CMI), mentally retardation (MR) or developmental disabilities (DD).

Organizational Strategic Goal: Enhance Quality of Life

Performance Objectives:

1. To enable clients to achieve their goals and objectives at a combined achievement rate of at least 70%.
2. To minimize hospitalizations of CMI clients.
3. To minimize county cost by enrolling eligible clients in case management, funded by Medicaid.

Performance Indicators	Actual 2009	Actual 2010	Projected 2011	Requested 2012
Input:				
1. Total Case Management/Counseling budget	\$3,244,601	\$3,251,675	\$3,661,600	\$4,181,008
2. Number of agencies providing service	2	2	2	2
3. Number of county funded positions delivering service	33.5	34.5	35.5	38.5
4. Percentage of MHDD Budget	10.3%	10.7%	11.0%	11.5%
Output:				
1. Number of unduplicated cases:				
a. MR/DD Title 19 Case Management	843	858	900	950
b. MR/DD service coordination cases	7	0	0	0
c. MR/DD Non-Title 19 Case Management cases	3	9	0	0
d. CMI Title 19 Case Management cases	318	329	340	365
e. CMI Non-Title 19 Case Management cases	142	51	50	50
f. CMI/MI service coordination cases	**	111	125	130
2. Average case load-MR/DD Case Management	1:30	1:30	1:30	1:30
3. Average case load-CMI Case Management	1:24.9	1:25	1:25	1:25
Outcome:				
1. Percentages of client objectives achieved-Case Mgt.	82%	82%	70%	70%
2. For CMI clients past year				
a. percentage with 0 hospitalizations	70%	72%	70%	70%
b. percentage with 1 hospitalizations	15%	13.5%	15%	15%
c. percentage with 2 hospitalizations	8%	7.8%	8%	8%
d. percentage with 3 or more hospitalizations	7%	6.9%	7%	7%
Efficiency:				
1. Weighted county average monthly cost per Case Management case ***				
a. W0574, W0578, W1409	\$231.98	\$237.32	\$15.80	\$16.35
b. W0579	\$243.80	\$249.41	\$29.41	\$30.29
2. Weighted state avg. monthly cost per Case Management case ***				
a. W0574, W0578, W1409	\$242.83	\$252.68	\$35.00	\$35.00
b. W0579	*	*	\$35.00	\$35.00
3. Percentage of program funded by Linn County	11.4%	16.5%	16.0%	23.4%

*Data not available

**Service Coordination began in 2010

***Effective 7/1/10, the unit of service definition was changed from a monthly unit to a 15 minute unit.

Program Description: Provides supported community living services (SCL), for individuals, requiring less than 24 hour service; provides parents of individuals with disabilities temporary relief from care taking responsibilities (respite); provides protective payee services for recipients of federal and state benefits who are incapable of managing their own money and provides other supports including transportation, personal allowance money and rent subsidies.

Organizational Strategic Goal: Enhance Quality of Life

Performance Objectives:

1. To minimize county cost by enrolling eligible clients in programs, which are partially funded by Medicaid.
2. To control the county cost of service by maintaining people in the community and avoiding the cost of 24 hour residential services.

Performance Indicators	Actual 2009	Actual 2010	Projected 2011	Requested 2012
Input:				
1. Total program budget	\$4,551,516	\$4,607,792	\$5,097,450	\$5,625,849
2. Number of agencies delivering SCL services	48	52	50	50
3. Percent of MHDD budget	14.4%	15.1%	15.3%	15.4%
Output:				
1. Number of clients receiving:				
a. SCL services	544	604	600	600
b. respite services	130	148	150	150
c. protective payee services	638	642	640	640
d. rent subsidy	154	166	160	160
e. transportation services (exclusive of Cabs and Bus)	79	78	80	80
2. Units of service:				
a. SCL service	131,658 @	157,089	160,000	160,000
b. respite services	19,618 @	33,049	30,000	30,000
Outcome:				
1. Number of unduplicated clients, whose service is subsidized by Medicaid:				
a. SCL services	287	357	350	350
b. respite services	128	143	140	140
Efficiency:				
1. Average annual SCL cost per client served	\$5,144 @	\$3,501	\$3,930	\$4,652
2. Average annual respite cost per client served	\$922 @	\$825	\$961	\$1,097
3. Average annual rent subsidy cost per client served	\$1,264	\$1,541	\$1,632	\$1,681
4. Average annual 24 hour residential cost per client served.	\$15,630	\$14,304	\$15,334	\$17,065

@ Unit of service data for FY09 Medicaid match services was estimated, using FY09 number of clients served, multiplied by the FY08 average days per client. FY09 unit of service data was corrupted, due to the state's method for adjusting the FMAP percentage increase.

Program Description: Provides supported community living services (SCL), for individuals, requiring less than 24 hour service; provides parents of individuals with disabilities temporary relief from care taking responsibilities (respite); provides protective payee services for recipients of federal and state benefits who are incapable of managing their own money and provides other supports including transportation, personal allowance money and rent subsidies.

Organizational Strategic Goal: Enhance Quality of Life

Performance Objectives:

3. To minimize county cost by enrolling eligible clients in programs, which are partially funded by Medicaid.
4. To control the county cost of service by maintaining people in the community and avoiding the cost of 24 hour residential services.

Performance Indicators	Actual 2009	Actual 2010	Projected 2011	Requested 2012
Input:				
1. Total program budget	\$4,551,516	\$4,607,792	\$5,097,450	\$5,625,849
2. Number of agencies delivering SCL services	48	52	50	50
3. Percent of MHDD budget	14.4%	15.1%	15.3%	15.4%
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e. transportation services (exclusive of Cabs and Bus)	79	78	80	80
2. Units of service:				
a. SCL service	131,658 @	157,089	160,000	160,000
b. respite services	19,618 @	33,049	30,000	30,000
Outcome:				
1. Number of unduplicated clients, whose service is subsidized by Medicaid:				
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4. Average annual 24 hour residential cost per client served.	\$15,630	\$14,304	\$15,334	\$17,065

@ Unit of service data for FY09 Medicaid match services was estimated, using FY09 number of clients served, multiplied by the FY08 average days per client. FY09 unit of service data was corrupted, due to the state's method for adjusting the FMAP percentage increase.

Program Description: Provides care, treatment, and/or skill development for people with a mental health or developmental disability diagnosis in a variety of residential settings including state institutions, intermediate care facilities, residential care facilities, and supported community living settings, depending on the intensity of the need.

Organizational Strategic Goal: Enhance Quality of Life

Performance Objectives:

1. To decrease dependency on 24 hour residential service.
2. To minimize the units of service at State Institutions (MHI and SRC).
3. To enable clients to achieve their goals and objectives at a combined achievement rate of at least 70%.
4. To minimize county cost by enrolling eligible clients in programs, which are partially funded by Medicaid.

Performance Indicators	Actual 2009	Actual 2010	Projected 2011	Requested 2012
Input:				
1. Total Residential Budget	\$13,612,593	\$12,641,371	\$13,724,025	\$15,272,973
2. Number of agencies providing service	59	68	70	70
3. Percentage of MHDD budget	49.3%	41.4%	41.3%	41.9%
4. Number of new admissions to residential services	218	192	200	200
Output:				
1. Total unduplicated clients served:				
a. Mentally Ill (MI)	142	195	200	200
b. Chronically Mentally Ill (CMI)	292	244	250	250
c. Mentally Retarded (MR)	428	428	425	425
d. Developmentally Disabled (DD)	19	13	20	20
2. Units of service provided at:				
a. Mental Health Institute (MHI)	1,281	2,603	1,500	1,500
b. State Resource Centers (SRC)	8,434	9,127	9,100	9,100
c. Intermediate Care Facility for MR **	22,420	22,360	22,500	22,500
d. Home and Community Based Services/Habilitation **	98,950	93,794	94,000	94,000
e. Residential Care Facility for Persons with MI	14,247	14,041	14,000	14,000
f. Residential Care Facility	52,045	52,033	56,000	56,000
g. Residential Care Facility for MR	955	169	200	200
h. Other – daily	8,497	9,349	10,600	10,600
Outcome:				
1. Number of clients transferring to less than 24 hour Service	317	222	200	200
2. Number of clients no longer needing service	238	232	250	250
3. Percentage change in units at State institutions	(9.8)%	20.7%	0%	0%
4. Percentage of residential objectives achieved for clients with Case Managers.	73%	75%	70%	70%
Efficiency:				
1. Percent of costs funded from other sources	59.1%	60%	59.9%	56.2%
2. Number of clients, whose service is partially funded by Medicaid.	368	358	360	360

** Unit of service data for FY09 was estimated, using FY09 number of clients served multiplied by the FY08 average days per client. FY09 unit of service data was corrupted due to the state's method to adjust for the FMAP percentage increase.

Program Description: Provides day time activities and/or vocational training, job placement, and assistance in a variety of settings, including adult day care centers, work activity centers, sheltered employment facilities, and clients' job sites, depending on the intensity of client need.

Organizational Strategic Goal: Enhance Quality of Life

Performance Objectives:

1. To obtain competitive employment for 8% of clients at least 20 hours/week for 3 consecutive months.
2. To improve wages earned for 40% of clients.
3. To enable clients to achieve their goals and objectives at a combined achievement rate of at least 70%.
4. To minimize county cost by enrolling eligible clients in federal benefit programs.

Performance Indicators	Actual 2009	Actual 2010	Projected 2011	Requested 2012
Input:				
1. Total program budget	\$5,950,870	\$5,745,349	\$6,169,034	\$6,659,380
2. Number of agencies providing service	43	50	50	50
3. Percent of MHDD budget	18.8%	18.8%	18.5%	18.3%
Output:				
1. Units of service: **				
a. Adult Day Care/day habilitation – daily	27,119	26,381	27,000	27,000
b. Facility Employment- daily	105,816	89,376	90,000	90,000
c. Enclave – hourly	101,571	77,229	78,000	78,000
d. Job Coaching/Follow Along - hourly	4,534	5,001	5,000	5,000
e. Job Placement – hourly	212	237	250	250
j. Activity Services – ½ day	6,536	6,218	6,300	6,300
2. Unduplicated clients served by diagnosis:				
a. Mentally Ill (MI)	32	29	30	30
b. Chronically Mentally Ill (CMI)	150	150	150	150
c. Mentally Retarded (MR)	512	519	520	520
d. Developmentally Disabled (DD)	53	48	50	50
Outcome:				
1. Percentage of clients obtaining competitive employment	1.3%	--	8%	8%
2. Percent of clients whose total annual wages increased	37%	34%	40%	40%
3. Percent of client objectives achieved for clients with Case mgr.	71%	65%	70%	70%
Efficiency:				
1. Percentage of costs funded by other sources	35.67%	35.13%	37.50%	30.49%
2. Number of clients, whose services are partially funded by Medicaid	493	509	500	500

**Unit of service data for FY09 Medicaid match services was estimated, using FY09 number of clients served, multiplied by the FY08 average days per client. FY09 unit of service data was corrupted due to the method used by the state to adjust for the Federal Medical Assistance Participation (FMAP) percentage increase.

Program Description: Provides hospitalization, attorney, psychiatric evaluation, sheriff transportation, and mental health advocate services associated with mental commitment hearings as mandated by Section 230.10, of the Iowa Code and provides for funding for voluntary hospitalization as an alternative to commitment.

Organizational Strategic Goal: Enhance Quality of Life

Performance Objectives:

1. To minimize County cost through investigation of legal settlement.
2. To minimize institutional placements and cost, by funding alternatives, including voluntary hospitalization and post commitment hospitalization.

Performance Indicators	Actual 2009	Actual 2010	Projected 2011	Requested 2012
Input:				
1. Total Mental Health Commitment budget	\$425,431	\$474,965	\$620,650	\$612,919
2. Voluntary Hospitalization budget	\$121,360	\$178,499	\$100,250	\$100,250
3. Post Commitment Hospitalization budget	\$87,414	\$86,936	\$138,600	\$138,800
4. Percent of MHDD budget	2.0%	2.5%	2.3%	2.3%
Output:				
1. Number of mental commitment hearings	368	437	520	520
2. Number of hearings on people with no prior Linn County funding	164	191	225	225
3. Number of people served through the voluntary hospitalization program	87	106	100	100
4. Number of people served in post commitment hospitalization program	33	37	30	30
Outcome:				
1. Percentage of mental commitments rejected due to legal settlement	30.4%	27.5%	25%	25%
2. Percentage of mental commitments resulting in institutional placement	7%	7%	7%	7%
Efficiency:				
1. Average commitment cost per client served	\$986	\$973	\$1,158	\$1,179
2. Average length of stay at the mental health institute	46 days	74 days	75 days	75 days
3. Average length of stay in voluntary hospitalization	5 days	5 days	5 days	5 days
4. Average length of stay in post committal program	8 days	10 days	10 days	10 days

QUALITY ASSURANCE IMPLEMENTATION AND ANALYSIS **OF DATA ON SERVICES MANAGED**

The MHDD Advisory Committee reviews utilization and quality assurance data quarterly. This process keeps the committee aware of any major variances between budget and actual expenditures, and helps us to continually analyze unmet needs. In addition, Linn County develops Performance Indicator objectives and measures outcomes to see if we achieve our objectives. The results, from the revised tables on the previous pages, are summarized below.

Administratively, we continued to increase our provider satisfaction, up to 96% from last year's 94%, exceeding our target of 95%. Our consumer satisfaction survey was up to 95.5% positive, which also exceeded our 95% target. This is the first year we have exceeded the 95% target for those indicators. We continued to exceed our target in response time to applications, averaging 1.4 days to get out a Notice of Decision, while processing 6,403 funding applications. CPC staff participated in 143 community planning meetings this year, including several statewide committees addressing community services. We had excellent participation from the local community in planning with 38 agencies participating in various planning activities.

Our Case Management targets were exceeded. For the second year in a row, we achieved client objectives at a rate of 82%. The percentage of people needing zero hospitalizations increased again, this time from 70% to 72%. The number of people needing hospitalizations therefore decreased. We believe our Targeted Case Managers overall are doing a nice job. The percentage of people receiving 100% county funding went up to 16.5% from 11.4%, which is a negative indicator for us, as we have a goal of getting more people on Medicaid. Hopefully this will not be a continuing trend.

In our Personal and Environmental Support category, our goal is to reduce general reliance on 24 hour services. We accomplished that goal this year, increasing the number in Supported Community Living from 544 to 604. We also show the difference in cost between support services and 24 hour residential services. This year, the average cost in Supported Community Living was \$3,501 versus \$14,304 for 24 hour residential.

Treatment services achieved 59% compliance with the objective of enrolling people discharged from MHI in a community treatment service, which was down some from FY2009. We increased the number of individuals applying for Pharmaceutical Assistance to receive free medication from the drug companies from 2033 to 2080. The number of people accessing therapy services increased to 1494 from 1303, while the hours of treatment services purchased increased by almost 50% over the previous year. We assume that these figures might be a result of the major flood that occurred in June, 2008, just prior to the beginning of FY2009 on July 1, 2008. While the number of prescription requests increased slightly, the number of unduplicated clients actually receiving medication was significantly lower. The reduction was by design, as we attempted to control the budget by changing diagnostic eligibility for medication, and referring more people to the Community Health Clinic for medication.

We show an alarming increase in units of services at the Mental Health Institutes, more than doubling what we had in FY2009. However, the number of consumers served at MHI went up only from 28 to 35. This means that people are staying there longer. We will need to do an analysis of the possible reasons for those numbers and see if we can address whatever is causing such a trend. We "graduated" 232 people to independent living (i.e. no longer needing support), and we transferred 222 people from 24-hour settings to less intensive settings, both of which represent reductions from the previous year's data. We assisted only 3 people to become employed this year, which was significantly less than the 60 who became employed in FY2008. We believe the poor overall economy and unemployment numbers had something to do with that.

As we begin to analyze current utilization and look to the future, we do have serious concerns. The national economy will likely continue to have state impact in terms of income and state revenue, making it less likely that state appropriations to the MHDD fund will be sufficient. With the 7.7% across the board cuts for the State funding in FY2009 and the additional 10% across the board cuts for FY2010 that were maintained for FY2011, the State funding picture is bleak. The Federal Stimulus package (American Recovery and Reinvestment Act) increased the FMAP (Federal Medical Assistance Participation) such that our ability to provide services this year will not be impacted. However, because the “ARRA” money goes away for FY2012, we are worried that the State appropriation will be insufficient to maintain existing levels of service.